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FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

(See instructions)

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NAME OF (Check if name. Example: If typying, type 12FE4M5 COMMITTEE (in full) is changed) over the lines Bonamici for Congress PQ Box,1632 ADDRESS (number and street) (Check if address is changed) OR | ZIP CODE -**CITY** STATE -COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) info@bonamiciforcongress.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.bonamiciforcongress.com (Check if address is changed) 2. DATE **FEC IDENTIFICATION NUMBER** C C00000000 IS THIS STATEMENT NEW (N) AMENDED (A) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Kevin Neely Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: **FEC FORM 1** Use Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 (Revised 02/2009)